

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90076 043 ****61.25

DOCUMENT # N97000004734

1. Entity Name
ALLEN FAMILY FOUNDATION, INC.



Principal Place of Business
**2400 S FEDERAL HWY., STE 200
STUART, FL 34994**

Mailing Address
**2400 S FEDERAL HWY., STE 200
STUART, FL 34994**

24007958



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0783002

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, R.E.
2400 S FEDERAL HWY
SUITE 200
STUART, FL 34994-4531**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☐ Delete
NAME ALLEN, R.E.
STREET ADDRESS 2400 S FEDERAL HWY., STE 200
CITY-ST-ZIP STUART, FL 34994

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ALLEN, RICHARD S
STREET ADDRESS 5916 W ELOWIN DR
CITY-ST-ZIP VISALIA, CA 93291

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T/D ☐ Delete
NAME ALLEN, REX
STREET ADDRESS 633 CHESTNUT ST., STE 1050
CITY-ST-ZIP CHATANOOGA, TN 37450

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1200 Premier Drive
CITY-ST-ZIP Chattanooga, TN 37421-3729

TITLE S/D ☐ Delete
NAME ALLEN, KAREN
STREET ADDRESS 2150 SE GULFVIEW LANE
CITY-ST-ZIP STUART, FL 34996

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.E. Allen

Date

Daytime Phone #

1-27-04

772-288-9800